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ABSTRACT

A grant to develop a model child care licensing code for Indian reservations gave Southwest Educational Development Laboratory a chance to determine whether realistic licensing standards were possible for reservation child care programs. Beginning in 1976, a task force composed of 14 federal and tribal representatives drafted licensing standards for centers providing early childhood day care. The standards, which contained both training and site operation codes, were tested at an Office of Indian Education meeting and on existing reservation buildings and programs. The training segment received generally positive responses, but the site testing was unsuccessful due to tribal schedules and test cost underestimation. The greatest problems with the grant project arose from staff turnovers, the question of Indian involvement in standards development, and the difficulty of presenting licensing standards to tribal officials. Recommendations included fully testing the standards, developing comparable standards for infant and home-based care, and educating tribal officials about licensing. The proposed standards covered the basic items necessary for the safety and protection of children, day care operations, and staff. Areas to be regulated included: basic program administration, health requirements, building and vehicle regulations, safety and sanitation, staff and training requirements, and education. (SB)

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MODEL CHILD CARE LICENSING STANDARDS FOR INDIAN RESERVATIONS

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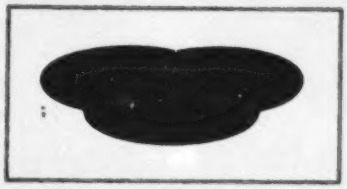
Southwest Educational Development Laboratory

Austin, Texas

September 30, 1976



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Dear Mr. Bates:

Submitted herewith are 35 copies of the Southwest Educational Development Laboratory's final report on the Model Child Care Licensing Standards for Indian Reservations.

Included are the report of activities conducted and the proposed standards for licensing for Indian reservations.

Sincerely yours,

James H. Perry

James H. Perry
Executive Director

JHP/shb

Enclosure

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TABLE OF CONTENTS

Part I

FINAL REPORT OF TASK FORCE ON DAY CARE LICENSING FOR INDIAN RESERVATIONS

		Page
I.	Introduction	1
II.	Background	1
III.	Southwest Educational Development Laboratory Grant	10
IV.	Recommendations	14
V.	Task Force Membership	15
VI.	Bibliography	16

Part II

PROPOSED STANDARDS AND REGULATIONS

I.	Introduction	19
II.	Proposed Standards and Regulations	21
III.	Program Elements	40

PART I

FINAL REPORT OF TASK FORCE ON DAY CARE LICENSING FOR INDIAN RESERVATIONS

I. Introduction

This grant was initiated by the Office of Child Development in an effort to address the needs of Indian children who attend center-based day care and early education programs on reservations. The number of these centers has increased greatly in the last 10 years, largely through the introduction of Head Start.

There are a number of factors which make working with Indian tribes a rewarding although frustrating experience. The enthusiasm for improving the development opportunities for Indian children on reservations is most encouraging. The results of this study should provide the tribes with a document which they can use for training and licensing purposes.

II. Background

There are no firm statistics on the number of children on Indian reservations who attend center-based care facilities. The Head Start centers, which provide early childhood education services rather than custodial care, comprise the largest body of child care centers. The number of children in custodial or family care arrangements cannot be easily estimated. It is known that the number of children reached by Head Start on reservations around the country is significant. Most Head Start centers are tribally operated and financed by direct federal grants to the tribes or to their designated Community Action Agency.

The reservation-based child care operation which receives Title IV-B funding from the state for the care of AFDC recipients is supposed to be a state-licensed facility. The Head Start centers are not required to be

licensed by the state. As there are few statistics to indicate where the IV-B payments are made on reservations, the question of state licensing is a critical problem for day care operators on Indian reservations.

It has been estimated by the Office of Child Development's Indian and Migrant Programs Division, that less than 40 percent of all reservation-based Head Start centers are licensed. There are several reasons cited by IMPD for this:

a) the unique federal-tribal legal relationship

b) precarious state-tribal relationships

c) the issue of state licensing as a taxing mechanism for tribally operated child care centers

d) the economics of operating a licensed facility in a geographically isolated area.

These reasons were also cited by many Indian Head Start directors over an 18-month period. The directors cited several additional reasons for the widespread lack of state licensing:

a) fear of not passing state requirements for staff or facilities

b) an implied understanding that the state, in enforcing standards, would not recognize the cultural patterns of the tribal government

c) assumptions that the tribal operators would not be considered sufficiently educated to meet state standards

d) fear of state interference in tribal operations and government.

With a large number of Indian children enrolled in Head Start, it became apparent to the administrators of the program that some licensing standards were necessary on reservations. These standards must include the basic requirements of the 1968 Federal Interagency Day Care Requirements (FIDCR's) for program components and yet must recognize the realities of life on the reservation. The demands for extensive academic education and the staff literacy requirements must be adjusted to fit the potential

population available to serve as staff. Any licensing standards for tribes should contain as little "legalese" as possible, in order to allow their easy translation into tribal languages for community approval and support.

These same standards would need to take into account the geographic and economic isolation and the limited educational background for staff, and recognize that the tribe may wish to include its language, customs, and oral tradition as part of the educational process. The standards must also apply to privately operated centers, which means that the economic factors of implementation must be considered. Licensing standards would be needed in several specific areas to offer guidance to those communities preparing existing structures or new structures to serve as day care centers. These specific areas are staff training, program operation, the physical plant, and the environmental safety of the physical plant.

Other reservation service organizations such as the Indian Health Service and the Bureau of Indian Affairs have responsibility for the implementation of national fire, health, and safety codes, particularly as they relate to institutional facilities: boarding schools, hospitals, and to a limited extent, child care centers. The Environmental Health and Sanitation branch of the Indian Health Service inspects, trains, and enforces the national codes for fire, safety, and health for BIA schools and hospitals. They are able to inspect and train on site for tribally operated day care centers, but they do not have enforcement authority. Everything which is found to be in violation of a code is recommended to the tribal governing units for improvement. While these recommendations are usually implemented by the tribe, they are still only recommendations.

The BIA has no involvement in the operation of Head Start or private day care facilities on the reservation. BIA does have two small pilot projects in the area of early childhood education. A recent study for BIA was

launched by the Bank Street College of Education to ascertain the feasibility of BIA's entrance into the early childhood education area on a massive scale. Preliminary indications of the study results show resistance to BIA expansion into this area, particularly if there was no community involvement. Again there are no specific guidelines for staff training, physical plant, or the actual operation of the program. The BIA's Parent Child Development Centers are expected to follow "good childrearing practices." The community develops its own educational design and finds a center. No guidance is offered in the area of licensing standards. FIDCR's are not required.

The Office of Indian Education's Part B Title IV programs are not required to meet any federal standards for early childhood education or any licensing standards. "Good early childhood education" practices are expected to be implemented. As most of OE's Indian Education Title IV programs are considered experimental, their central idea is to develop the program's educational base, meet the philosophy of the FIDCR, and demonstrate the viability of the project's initial design. Many of OE's projects utilize Head Start material for program guidelines. Again, the question of licensing standards and the inspection of facilities is left to tribal discretion.

Consequently, the question of tribal licensing of child care centers is a relatively new issue. Any attempt to develop a licensing standard applicable to reservations would need to understand the unique federal-tribal government relationship and fully explore the acceptability of tribal licensing to the state as well as to the tribe itself. The tribe may wish to develop a capacity to license the existing child care centers on a reservation for safety and training reasons, but may feel that wholesale implementation of state standards is politically and economically unfeasible. Those states which have good relationships with the federally recognized Indian tribes

located within their boundaries may find the tribally operated child care centers applying for a license. For more states, however, there is a long term antagonism between federally recognized tribes and the state government. Several basic issues are at stake here:

1) Does the state have the right to tax a tribally operated, state-licensed day care center located on the reservation?

2) At what point does the state impose its principle of the "general welfare of the society" on the tribe if that tribe's governing body is federally recognized?

3) Given the level of antagonism between state and tribal government, what good would be gained in pushing state licensing for tribally operated centers?

For those reservations which cross state lines, the issue of state licensing is complicated by the question of which state should have authority, as no two states have identical regulations in this field.

There are several factors to be considered in attempting to implement a licensing standard on a tribe.

1) A tribe is an independent unit of government which can set its own taxes, indicate any type of ordinances it feels are necessary, and decide for itself what is in the public interest.

2) Tribes have only recently become aware of the full extent of their sovereignty and its attendant powers, such as taxing, licensing, and regulation of trade. As the tribal governments become more aware of the full potential of these powers, an expansion of their ability to implement these powers will follow.

3) Tribal governments are usually recipients of Head Start grants, Indian Education grants, and other categorical funding. Regulation of the tribal operation of these federally funded programs by the tribes is expanding. There is a growing tribal bureaucracy and legal systems which is rapidly expanding to meet the need for government services in the reservation communities. Among such services is the need for licensing criteria which are not affiliated with the state.

4) Most tribes suffer high unemployment rates which cripple any potential taxing efforts of tribal members by the tribal government. Service provision and the salaries generated are now benefiting to the tribal financial reserves. Given the limited numbers of private day care centers which can be supported by a reservation at this time, licensing for tax purposes would be futile. Licensing as a protection for the tribe would be an advantage.

5) The federal government has issued program guidelines and the FIDCR as the suggested operation mechanisms for day care. These are not reservation specific and do not consider some of the problems of isolation which are frequently encountered on reservations. The tribes are entering a new era in which they are responsible for more of their own internal management than before.

The legal questions which center on tribal-state relationships are complex. There is no guarantee that a state will accept a tribally-issued day care license. Which standards would take precedence between state requirements and tribal requirements? Does the federal government, by accepting the right of a tribe to license its own facilities, provide the tribe with self-determination and the authority to defy state laws which the tribe considers unreasonable or legally insulting? Would a tribally licensed facility be eligible for Title XX Day Care funding from the state?

The Task Force was unable to determine the extent of new legal territory which would need to be defined in the state-tribe relationship. Considerable legal research would be needed to determine answers to our questions, and most of that would have to be conducted on an individual tribe or state basis. Clearly, this area needs more work before any firm conclusions can be drawn.

In those states which do not have good relationships with their federally recognized Indian tribes, the potential impact of tribal licensing could be immense. The tribes would need to develop the capacity for inspectors or utilize the existing sanitarians of the Indian Health Service as inspectors. A tribal licensing system would require the use of existing community services such as the fire marshall, food and sanitation inspectors, water testing, and education. Tribal licensing would be helpful to those communities planning a day care center by offering a planning guide which would highlight those items which are mandatory under the licensing restrictions.

There would need to be a phase-in period of several years for most reservations. Training and inspection costs would need analysis in order to determine the total benefit to the community. Tribes could arrange contract

services with existing Public Health units for staff training. Most of the inspection services are already offered on a request basis by the Indian Health Service. This valuable resource could be tapped for training and as a possible cost control for any cost-benefit analysis.

The majority of buildings used for day care purposes on reservations are tribally owned. Many are built exclusively for use as child care facilities, particularly on the Navajo reservation. There, the buildings are a part of the community government complex. They are generally small houses with one or two large rooms for classrooms, as well as a kitchen, toilets, and a dining room in some instances. Playgrounds are fenced and the centers are known to everyone in the community. In some instances, the advance planning did not recognize certain needs of small children, such as lowered sinks and toilets. Using a licensing standard as a planning guide would have been helpful to the community when building the center.

Many centers are located in church facilities. Others may be located in buildings which were originally condemned, and then renovated exclusively for the day care or child development center. These centers often lack adequate safety features which could have been included in the renovation plans. All too often, the Indian Health Service is asked to inspect the finished product when it should have been included in the overall planning.

Converted single family dwellings often lack the required power wattage to run institutional strength lighting, or have insufficient hot water to sanitize the dishes. As in any developing community, one learns from one's mistakes. It is easier to include the requirements for fire safety in the planning stages than to have to add it after the center is renovated.

A major area of concern for licensing on reservations is that of vehicle safety. Many of the Head Start programs use vans as school buses to transport the children to and from the centers. Road conditions are

frequently hazardous and the training of drivers almost nonexistent. Many programs do not have the buses marked as either "School Vehicle" or "Bus Transporting Children," or the buses lack the lights or paint job to identify them as school buses. Often, there are no additional adults to assist the driver, an essential factor with children aged three to five. Vehicles use is hard, and maintenance schedules are often viewed as unnecessary or inconvenient. If the grantee is the tribe, those vehicles are supervised by the tribe which is responsible for the safety of the children, as evidenced in the issuance policies. The problems arise with driver education at a minimum and with safety standards not enforced.

The critical difference between the simple AIA day care operation and the exceptional day care or developmental center is the quality of the staff and the training received. The requirements of staff training which can be covered in a licensing standard are minimal. A decision on the quality of such training would be purely subjective.

The majority of training in federally funded programs is conducted as a part of the annual preservice program. This may consist of lectures and demonstrations of classroom techniques and a review of safety principles or other specific areas, prior to the opening of school. The emphasis is primarily on early childhood education. Cooks frequently receive education in nutrition. On some reservations Head Start training is emphasizing the Child Development Associate (CDA) as the principal training vehicle.

There is little safety training which actually involves the children, and consequently, the effectiveness of drills is lost. The potential hazard to both children and staff is immense. It is particularly helpful to involve the children in vehicle safety drills in geographic areas which frequently have flash floods or other road-related problems. Given the isolation of

many Head Start centers on reservations, some type of vehicle safety drills could benefit both children and staff in case of an emergency.

There has been an increased emphasis on academic training within reservation communities in the past three years. Much of this emphasis is in conjunction with the recently developed CDA credential. This credential has yet to be accepted by states as a recognized education credential. Thus, the emphasis that tribes are placing on this credential as a recognized area of competency training could be less beneficial than the tranditional academic degree. The quality of training varies from reservation to reservation. Added federal program perspective may cause an increase in training, but not necessarily an increase in the competency of the staff.

More tribes are utilizing the concepts of CDA by developing their own trainers who are skilled in working with Indian children on the reservation. These trainers, frequently with academic training in early childhood education, stress education. Other components such as environmental health, safety, and the development of an understanding of why certain practices are utilized has not been developed. Indigenous trainers can most effectively emphasize the need for culturally relevant classroom materials. As there is a survival basis in most elements of Indian culture which teaches respect for the earth and its inhabitants, the use of Indian culture in the classroom should increase the child's awareness of his identity. For those tribes who are making a concerted effort to maintain their cultural identify, there are several training resources which can easily be tapped. Older tribal members can be used as resource persons for language, tradition and music. Staff training in all aspects of the culture will assist the day care operator in fully utilizing the available staff and community resources for the development of a quality program.

III. Southwest Educational Development Laboratory Grant

The basic purpose of the Southwest Educational Development Laboratory (SEDL) grant for the development of model licensing codes for reservation child care programs, was to see whether licensing standards could be developed which were realistic, suited to the real world situation of reservation life, and at the same time practical. There had to be recognition of the types of available resources on the reservation and the difficulty of obtaining consultant services inexpensively. The initial grant request included field testing of the developed licensing standards. The standards were to be comprehensive and applicable to all types of care situations.

The basic working unit for the grant consisted of a task force composed of people of varying backgrounds but familiar with the realities of operating a day care facility on a reservation. The initial time frame was 11 months, from April 1, 1974 to March 13, 1976. SEDL was selected for its extensive knowledge of both Head Start and the intricacies of bilingual and bicultural education. SEDL also was not involved in tribal policies on any level and thus was not subject to some of the traditional problems of interest group politics. Consultants were identified by the Laboratory in conjunction with the Office of Child Development's Indian and Migrant Programs Division (IMPD).

The consultants were the backbone of the task force. It was decided that the task force needed input from those federal agencies having direct responsibility on reservations for health, welfare and public safety. The task force had to include members of the Indian community who were knowledgeable of Indian day care or Head Start nationally. After reviewing the results of previous attempts in large group situations to develop licensing standards for reservations, and checking the available financing, it was evident that the task force had to be small and nonpolitical. This group

had to be able to work without extensive rhetoric if they were to produce a viable, useful document.

The task force eventually comprised 14 members who represented a spectrum of tribal and agency interests. The first meeting of the task force in Austin, Texas, on May 28-29, 1976 produced several important decisions:

a) Licensing was a means of training for a community which had not had extensive exposure to internal governmental regulations.

b) Each tribe must decide, without federal or state coercion, if licensing day care facilities was to their definition of the "public good."

c) The field of standards for group care in homes was too broad an area to be covered with the needed standards for center-based care facilities.

d) Infant care standards should be developed separately.

That initial meeting produced a feeling of cohesion among the task force members. During the meeting, rhetoric was dropped, agencies were not berated for their policies on day care on reservations, and the need for a small work force was recognized. The legal implications of licensing by tribes were discussed, and it was felt that a separate attempt should be made to research that area. The task force decided to use existing OCD documents and other child care advocacy group licensing models as guidelines. In addition, there was a need for obtaining a clear picture of what was used on most reservations as resources for licensing. The task force felt that their work would negated if it were relegated to a shelf, or if licensing was made punitive by the federal government against the tribes.

The second meeting in August 1975 raised the question of reality with the oft repeated question, "Can it be done in Potato Creek?" -- that mythical reservation community of very limited resources and manpower. In this meeting, the Indian Health Service identified areas in which they are required

to provide training on request. The list was surprising and could literally fill one's training calendar for a school year. They also defined the types of services which were available on request from the Sanitarians. There was also a request made to the Head Start staff for a meeting to explain fully the services IHS could offer. The sense of interagency cooperation on the task force was encouraging. The BIA volunteered its staff to work with the task force on training needs. The second meeting resulted in a series of multipurpose standards which were applicable for training staff, planning new construction, and renovating existing buildings. The proposed licensing standards offered a minimal operations plan for a center.

After this meeting, the Environmental Health and Sanitation Branch (EHSB) of the IHS distributed the draft standards to the Area Offices for review and comment on their utility and potential implementation. The feedback was positive. Certain areas were identified as needed for minimum safety, others were indicated as unnecessary. Attempts to provide communication links by CB radio were cited. More importantly, the Sanitarians felt that the draft licensing standards were realistic and complemented their work. They wanted more from the task force, as these were not strictly designed for institutions.

A third meeting was called in October 1975 in Albuquerque, New Mexico. This meeting was designed to discuss the draft licensing standards with several child care program directors. At this meeting it became evident that field testing the proposed licensing standards would require a two-part approach. The first approach would be to test the training segment of the standards at the Office of Indian Education's meeting in October for Part B, Title IV. The second approach would be to test the actual standards on real reservation buildings in Head Start or BIA programs over a three-month period.

This field testing effort was to take four months. During October 1975 the training aspects of the standards would be tested. In the Phoenix, Arizona meeting, the response to the draft standards was mixed. Many who had lived in cities or studied early childhood saw this as a one-piece training manual against which a tribe could develop its own licensing procedures. Some saw the expanse of the standards as a deterrent to opening a center. The most telling point was made by a tribal council member who stated the usefulness to the tribes was as a model for what can be done. After reading the standards, most people were impressed by the lack of rhetoric or political motivation. Many program officers stated they would attempt to implement them. The other three O/IE meetings produced comparable feelings but generally favorable reactions.

The actual site testing was not such a success. A primary consultant left the task force in November 1975. The result was a setback for this type of testing. Attempts to get tribal leaders to test the standards conflicted with elections and other political programmatic situations. In addition, the projected costs of site testing on this scale were seriously underestimated by the grantee. Those factors created a feeling of hesitancy in some task force members to push the use of the standards. However, informal communication with some Indian Head Start directors has been most positive. In addition, the IHS Sanitarians are finding the draft standards useful.

The project's greatest problems were staffing turnovers in both Texas and Washington, D. C., the question of Indian involvement in the development of the standards, time lines, and the difficulty of bringing licensing to tribal officials. There must not be a threat to tribal or program autonomy perceived in the licensing process, but that cannot be assured by standards alone.

IV. Recommendations

The following statements represent the recommendations of the Task Force to the Office of Child Development, Indian and Migrant Programs Division.

1) While this group has developed a series of licensing standards, we feel that the standards should be fully tested by tribes, under controlled conditions. Although this would be costly, the return in terms of tribal understanding and officials' knowledge of the purposes of the standards would be greatly enhanced.

2) Licensing on reservations must not be imposed by federal agencies, but rather result from a separate concerted effort to reach tribal leadership with a finished document.

3) A separate grant should be issued to develop comparable standards for infant care units and group day care homes. The timing of this grant did not permit completing of standards for the entire range of child care services.

4) Attempts to raise the consciousness level of national tribal officials to recognize the potential hazards to Indian children in nonlicensed day care centers should be conducted by federal program units.

5) OCD should seriously consider investigating the legal aspects of tribal licensing and its implications in state-tribal or tribal-federal relations. Many legal problems and questions were encountered during this grant life. The use of Title XX funds by tribes only makes this issue more important for government to understand.

These recommendations are based on the Task Force's experience and the difficulties they faced in fulfilling the terms of this grant.

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PART II

PROPOSED STANDARDS AND REGULATIONS

I. Introduction

These standards and regulations are designed for application on Indian Reservations throughout the United States. They are practical and attainable, and take into consideration the difficulty of obtaining structures large enough for groups of children on reservations. It is our hope that tribes will see the merit of these standards and adapt them to their situations. Due to the real need for standards which are applicable on reservations, we would urge tribal units to consider seriously the potential protection and training possibilities available through the use of these standards.

This packet has been divided into two sections: (1) Standards and Regulations and (2) Program Elements, which are those many additional non-regulatory items which make a child care program beneficial for the children and the staff. The Standards and Regulations are those items which are necessary at a minimum for the safety and protection of the children, the day care operations, and the staff. They cover the basic administration of programs, health requirements for children and staff, regulations regarding the actual building for the center, requirements for vehicle safety and liability, and a potential minimal education program which will provide the children with some development experiences. These standards are designed to be measurable and enforceable without extensive training in early childhood education or public health.

In no way does a day care facility supplant the child's family as primary educator, but it is designed to augment and supplement the family in the child's educational experience. On each reservation which continues to emphasize the development of tribal customs or tradition, the day care center offers an excellent opportunity for the tribe to teach its young children to preserve their culture, tradition, and language.

The Program Elements are those "items" which improve the quality of the service offered. They are optional and in many instances require arbitrary decisions on how effectively or how well they have been utilized in the center's program. The Program Elements also provide additional clarification of, or information on many items covered in the Standards.

The Standards are divided into six main sections. Under each section there will be specific areas which are to be provided by the facility operator.

II. Proposed Standards and Regulations

A. Health

1. Personal Health of Children

a. Licensing in this area shall be dependent on the development of center health policies which have been reviewed by appropriate community health resources, and shall include at a minimum:

- a written plan for emergency medical services provision
- a written plan for emergency dental services provision
- a written, comprehensive disaster plan
- emergency contact information on each child, including written permission for each child to receive emergency treatment.

b. Written evidence will be obtained from each parent of the following health information:

- proof of immunizations appropriate for the child's age
- tuberculosis testing results which have been completed within the last six months
- any prescription or medications which the child is currently taking.

c. At least one caretaker who must be currently certified or in the process of certification in first aid training and symptoms of illness recognition must be on the premises at all times.

d. A written record will be kept on all children enrolled in the program which includes pertinent information on the child's health status and any special needs he may have.

e. Children with communicable diseases are to be kept at home

f. Staff does not give medication without appropriate license and/or on a physician's written orders. Medication is kept in locked containers out of the reach of children.

g. Children of migrant farmworkers must have their immunization records checked through a national migrant health service at enrollment.

2. Personal Health of Staff

a. Written evidence is on file in the facility regarding a pre-employment physical examination of each adult employed in the facility; and

b. Written evidence is on file in the facility attesting that each adult is free from all communicable diseases including tuberculosis as a result of a negative tuberculin test or a satisfactory Chest X-Ray taken within six months of beginning child care work. Such tests shall be repeated annually.

c. Each caregiver with an identified health problem must obtain a written statement from a physician that he or she has sufficiently good health to care for young children.

d. There shall be evidence of a periodic review (at least annually) of the health status of each adult in the facility by a responsible health source (e.g., personal physician, health consultant or community health agency). Such review should include job performance as related to health, sick leave, absence due to accidents, etc.

e. Provision must be made for substitute staff to replace those regular staff members who are too ill to function effectively. Staff ratios must be maintained.

f. All staff must have valid Food Handlers Cards of Certificates.

g. Regular volunteers shall be subject to the same health requirements as paid staff.

3. Nutrition Services

a. Children who are in the child care facility for four hours or more are served a quantity of food which will supply at least one-third of the U.S.D.A. Recommended Dietary Allowances. Children in the child care facility for eight hours receive a quantity of food which will supply approximately one-half to two-thirds of the daily Recommended Allowances. Children in the child care facility for more than eight hours receive a larger portion of the daily allowances in the center.

b. There is to be a semi-annual evaluation of the child care facility's food services conducted in accordance with recognized standard by an appropriate community health authority.

c. All child care centers will arrange for nutrition services consultation from an appropriate community source.

d. Drinking water shall be freely available to all children regardless of age. Each child shall be provided with an individual drinking container.

4. Health Requirements for the Handicapped

a. Prior to enrollment the following shall be requested from the parents in order to enable the child care facility to plan for the child's special needs:

- medical documentation of the handicapping condition
- a description of any special care requirements which the center must follow
- an assessment of the center's capability to provide the child with adequate services with the existing staff and physical plant.

b. Staff shall be trained to work with the child with special needs either through a community health resource, service group working with the handicapped or health care provider.

c. All records required for children without special needs will be required for handicapped children.

B. Safety and Sanitation

1. Center Safety Regulations

a. Operations of the center shall take care not to expose children and staff to situations which may prove hazardous.

b. Prior to the construction or renovation of a proposed child care facility, the architectural plans must be approved by an appropriate community health resource such as the Indian Health Service.

c. The staff must receive training in the disaster plan for the center in order to protect the children and staff.

d. Water must be from an approved source. It is safe, potable, and adequate in supply. Bacterialogical water samples shall be taken monthly by an appropriate community health resource.

e. Toilet and lavatory facilities shall be provided of a type determined by the availability of water under pressure. Approved facilities (water or non-water carriage) shall be provided for disposal of sewage and other liquid wastes. All disposal of waste shall be in accordance with health resource standards.

f. Lighting shall be designed to meet proper illumination levels. It shall also be uniform. Natural light shall not be totally relied upon. Thirty to 50 "foot candles"* is a minimum compliance requirement in line with Indian Health Service Standards or health resource standards for institutions.

g. If laundry facilities are included in the center, they shall be installed and used in such a manner as to safeguard the health of the children.

h. Laundry facilities are not used during the time the children are in care unless they are inaccessible to the children.

i. Day care facilities shall not have laundry facilities located in food preparation areas.

j. Food preparation shall be carried on in a kitchen with proper equipment and clean-up facilities appropriate to the number of children in care.

k. In a day care facility caring for 12 or more children, where food is prepared on the premises, there is adequate sized equipment for the size of the program. A mechanical dishwater is required, except that a three compartment sink or an appropriate substitution may be used where the water supply is not sufficient for installation and use of a mechanical dishwasher.

*foot candle is a light measurement recorded by a meter.

l. Food shall be purchased from an approved food supplier, and shall be transported, stored, and prepared and served in a sanitary manner.

m. Cleaning of the premises and equipment shall be performed as needed to protect the health of the children and staff.

n. Day care center play yards shall be fenced or have a natural barrier for the protection of children and staff.

o. Milk will be from an approved source, and served to children in original containers or approved type dispenser according to local health resource.

p. Refrigeration equipment capable of monitoring proper temperature shall be provided. Temperature range for freezers is 32°F.

q. Refuse shall be stored and disposed of in a manner acceptable to health resource.

r. During the transportation of prepared food from a food service establishment, all food shall be in covered containers or completely wrapped or packaged so as to be protected from contamination. Further clarification can be provided by the local health resource.

2. Vehicle Regulation

a. When transportation is provided by a child care facility, children must be protected by adequate staff supervision, safety precautions, and liability collision and medical insurance.

b. All vehicles and drivers must have valid state and/or tribal licenses. This includes volunteers who drive.

c. The vehicles utilized in the child care program must be inspected and licensed by either the state or tribe or federal government. They must also be clearly marked indicating the presence of children and the fact that they make frequent stops. Any requirements of the insurance carrier and/or tribal restrictions regarding the color or other safety devices on the vehicle must be followed. If the vehicle travels on state roads or other federal roads, it must comply with the state codes in this area.

d. The vehicle must be properly maintained and inspected for mechanical functions in order to be safely operated.

e. All vehicles operated by the day care facility must be equipped with a fire extinguisher and first aid kit.

f. A sufficient number of adults is available to assure the safety of the children while enroute. For children age 3 to 6, an attendant in addition to the driver is present if more than 10 children are in one vehicle; two attendants are present for more than 20 children;

and three attendants for more than 40 children. For children age 0 through 35 months, an attendant in addition to the driver is present if more than two children are present in one vehicle; two attendants if seven or more children are present in one vehicle; and a supervision ratio of one adult (including driver) to three children is maintained for larger numbers. No child is left unattended in a vehicle.

g. Children are instructed in safe transportation conduct as appropriate for their age and stage of development.

3. Center Sanitation and Safety

The following procedure shall be incorporated in the operation of centers:

a. Porches, walkways, and play areas which are elevated shall have barriers to prevent falls by preschool children.

b. Water heaters shall be equipped with thermostatic controls, and plumbed in accordance with National Plumbing Code.

c. Stairs, walkways, ramps and porches shall be maintained free from accumulations of water, ice, or snow and shall have a non-slip surfacing.

d. Play areas and play equipment shall be maintained in a reasonable safe condition and continuously supervised by properly trained personnel under standards to be developed by the health authority.

e. All flammable materials, including fuel locked pressurized cans, cleaning fluids and supplies, polishes and matches shall be stored in designated locked cabinets or storage facilities accessible only to authorized persons. The construction of such facilities shall be in accordance with the provisions of nationally recognized standards, such as NFPA No. 30. Medical supplies, bleaches, detergents, insecticides, and similar materials shall be stored in equally safe facilities.

f. Lead paint shall not be used. Paint coatings in older buildings converted to day care center use shall be checked to assure the absence of lead in accordance with ANS No. C66.1.

g. Clear glass panels in sliding doors, shower doors, tub enclosures, storm doors and elsewhere shall be clearly marked to avoid accidental impact and shall be provided in accordance with ANS No. 97.1. Where clear glass is used in exterior windows less than 32 inches above floor level, the glass shall be of safety grade. Glass shall be of safety grade or a barrier will be provided.

h. Untreated, flammable materials shall not be used for decorative purposes, seasonal or otherwise. Nonflammable and fire-retardant treated materials are available for such purposes. The use of candles with an exposed flame shall not be allowed except as used for educational purposes and maintained under control of supervising adults.

i. Waste baskets and other waste containers shall be made of non-combustible materials.

j. Trash collection cans shall be separated from child play areas. The storage, collection and disposal of garbage is conducted in a manner which controls nuisance conditions, and is acceptable to health resources.

k. First aid kits shall be located in safe and convenience places as may be appropriate. This includes all center operated transportation vehicles. Standards should be developed locally defining the contents of the kit. One staff member shall have received certified first aid training.

l. All center operated vehicles must be equipped with a multi-purpose fire extinguisher.

m. There should be a telephone immediately accessible to staff. Immediately adjacent to the telephone, there shall be a conspicuously posted list of emergency telephone numbers which include:

- fire
- police
- physician
- health agency
- ambulance

When telephone lines are not available, the center shall utilize 2-Way citizen band radios for such emergencies.

n. Ground areas are well drained, surfaced where necessary, and free from depressions in which water may stand.

o. Premises are free from accumulations of refuse, dilapidated structures, vermin, other health and safety hazards such as discarded appliances, etc.

p. Exterior spaces are fenced or have natural barriers to restrict children from unsafe areas.

q. All buildings, utility equipment, and playground facilities are located, installed, maintained, and used to insure the safety of children.

r. Outside stairs have safety gates, or there are ramps to prevent small or handicapped children from falling. All stairs and ramps are provided with handrails, and landings or gates are provided beyond each exterior door and interior doors opening onto a stairway.

s. Exterior building openings are screened, or have other approval means of insect exclusion.

t. All outside doors open outward. In centers caring for more than 12 children, the major outside doors are equipped with panic hardware. If children in wheelchairs are to be in care, doors are wide enough to accommodate the chair.

u. All rooms are adequately ventilated and all rooms, corridors, halls, stairs, and porches are adequately lighted, as determined by health resources.

v. There are no open flames, open fireplaces, or floor heaters in use, and all heating elements including hot water pipes are insulated or installed in such a way that children cannot come in contact with them.

w. Approved type heating facilities, where necessary, are properly installed, maintained, and capable of maintaining a draft free temperature of 72 degrees F., at floor level in occupied rooms.

x. Furniture, equipment, and toys are appropriate to the ages and developmental needs of the children, are sturdily constructed without sharp edges, and present minimal hazards to children.

y. All painted surfaces accessible to children are free of toxic materials.

z. First aid supplies, medications, cleaning materials, poisons and other potentially hazardous materials are stored in locked containers inaccessible to children.

B. Safety and Sanitation

1. Center Regulation

a. Centers housing children three years of age and older, shall conform to the requirements of the National Fire Protection Association (NFPA) No. 101, Educational Occupancies.

b. The Federal Occupational and Safety Law is now in effect and will apply to establishments having three or more employees. It should be a function of the licensing authority through its fire safety specialists to advise owners and operators of child care centers and homes of their responsibilities in connection with the law.

c. Occupant Load -- The occupant load for which means of exit shall be provided for any floor shall be the maximum number of persons intended to occupy that floor but not less than 35 square feet per person of net floor area used by the children.

d. Exit Details

- Each floor occupied by children shall have not less than two exits which lead directly to the outside.

- There shall be at least two (2) means of exit, remote from one another, from each floor and major unit of the child care center.

- When spaces on the floor above the floor of exit discharge are used for sleeping purposes (from midnight to 6 a.m.) for children, at least one exit shall lead directly, or through an enclosed stairway to the outside.

e. Access to Exits -- Travel distance between any room door intended as exit access and an exit shall not exceed 100 feet to 150 feet.

f. Doors

- Every closet door latch shall be such that children can open the door from inside the closet.

- Every bathroom door lock shall be designed to permit the opening of the locked door from the outside in an emergency.

g. Emergency exits shall be clearly marked, and if possible, illuminated.

h. Subdivision into Sleeping Rooms

- Sleeping areas in centers housing children under three years of age shall be compartmented with partitions which shall be fire resistant rating so there are not more than six children in each compartment. If moveable screens are utilized, they should be fire resistant.

- Cots, cribs or sleeping mats shall be separated by at least three feet, and shall not block exits or other emergency entrances.

- Children under two shall be provided with cribs.

- Compartment doors shall be not less than three feet wide in new construction and not less than 32 inches wide in existing buildings. Door assemblies shall have a 20-minute fire resistance rating and shall be equipped with a self-closing device, a latch and an automatic-hold open device.

i. Minimum New Construction Standards

Centers shall be located up to the maximum height indicated in the following building construction types:

		Number of Stories - One (Starting at floor of exit discharge)
Fire Resistive and Protected Non-combustible	0 to 3	X
	3 thru 5	X
	6 and older	X
Protected Wood Frame and Protected Ordinary	0 to 3	X
	3 thru 5	X
	6 and other	X
Heavy Timber	0 to 3	X
	3 thru 5	X
	6 and older	X
Unprotected Noncombustible	0 to 3	X
	3 thru 5	X
	6 and older	X
Unprotected Wood Frame and Un-Protected Ordinary	0 to 3	X
	3 thru 5	X
	6 and older	X

X = Permitted.

Note 1 = Permitted if entire building is equipped with an automatic fire extinguishing system.

Note 2 = May be permitted for children 3 years of age and older if the children are limited to the first floor and number of children is limited to 50 and there are two remote exits; or if they are limited to the first floor and the number of children is limited to 100 and each room has an exit directly to the outside.

j. Protection of Vertical Openings

Any vertical opening in centers shall be enclosed and protected in accordance with Section 6-1 of NFPA 101.

k. Interior Finish

- In centers for children five years old or less, interior finish for all walls and ceilings shall be Class A or Class B in accordance with Section 6-2 of NFPA 101, and floors shall be Class A, B, or C. In new construction, interior finish in means of exit shall be Class A, and floors in means of exit shall be Class A or Class B.

Exception: Tongue and groove wood flooring 1/2 inch thick may be permitted.

- In centers for children six years or older, interior finish for means of exit shall be Class A or Class B and for individual rooms Class A, B, or C. Floors shall be Class A, B, or C.

l. Extinguishment and Alarm Systems

- Fire detectors which respond to products of combustion other than heat shall be installed on the ceiling of each story in front of the doors to the stairways and at no greater than 30 feet spacing in the corridors of all floors containing the center. Detectors shall also be installed in lounges and recreation areas in centers. The detectors may be single station units with an integral alarm having a decibel rating of at least 85.

Exceptions: Detectors are not required in fully automatic sprinklered buildings.

- There shall be a manually-operated fire alarm system in each floor of the center. Where there are fire departments legally committed to serve the area in which the center is located, there shall be a fire alarm system installed which shall transmit to the fire department.

- Portable fire extinguishers suitable for Class B fires shall be installed in kitchens and cooking areas and extinguishers suitable for Class A fires installed throughout the remainder of the center (see 6-422 of NFPA 101). These shall be out of reach of small children.

- A minimum of one fire extinguisher shall be located in each room of the center. They shall be checked annually by the local fire marshall or another appropriate community health resource.

- Fire drills shall be conducted periodically in each center. In those centers housing children under the age of three exclusively, fire drills shall be conducted at the discretion of the center director. A record shall be kept of all drills and staff training shall be conducted monthly.

m. Hazard Areas

An area used for general storage, boiler or furnace rooms, fuel storage, janitors' closets, maintenance shops, including woodworking and painting areas, laundries and kitchens, shall be separated from other parts of the building with construction having not less than a one-hour fire

resistance rating and all openings shall be protected with self-closing doors, or such area shall be provided with fire extinguishing equipment. Where the hazard is high, both the fire resistive separation and automatic fire extinguishing shall be provided within the use area.

n. Center Service Equipment

- Air conditioning, ventilating, heating, cooking and other service equipment shall be in accordance with local health authority.

- Electrical wiring in new construction shall be in accordance with the National Electric Code.

- In existing buildings, the electrical wiring shall be sized to provide for the load. Receptacles and outlets serviced by extension cord type wiring are prohibited. Electrical appliances shall be grounded.

- Special protective receptacle covers shall be installed in all areas occupied by children in centers for children under five years of age.

- At least one operable flashlight shall be provided for each staff member in specified areas for the staff in the event of a power failure.

D. Education

1. The program provides experience in harmony with the life style and cultural backgrounds of the children in consultation with parents and/or tribal officials.

   The cultural diversity of the children is reflected in the program through incorporation of their languages, food, celebrations, life styles, and child rearing practices.

2. Daily Schedule:

   a. Each caregiver in charge of a group of children generally follows a written schedule of daily activities which includes time for meals, snacks, sleep, toileting, and indoor/outdoor play. The written daily schedule of activities must be changed to reflect the actual plans for the day according to the child's age group.

   b. Each facility includes a designated area where a child can sit quietly or lie down to rest. A nap period is provided for children who need it, and for children unable to sleep, time and space for rest and quiet play are available.

3. Caregivers do not use spanking or other forms of corporal punishment or any other technique which is humilating, shaming, frightening, or otherwise damaging to the children. Punishment is not associated with food, rest, toilet training or isolation for illness.

4. A child care facility offering night care must provide program modifications for the particular needs of children during the night.

   a. In consultation with parents, special attention is given by the caregiver to providing for a transition into this type of care appropriate to the child's emotional needs.

   b. When possible, children are left for care and picked up before and after their normal sleeping period so that there is minimal disturbance of the child during sleep.

   c. A selection of toys for quiet activities which can be used with minimal adult supervision is available.

   d. Bathing facilities are provided. Comfortable beds, complete bedding, and night clothes are available.

   e. Sufficient staff is available to assist children during eating and pre-bedtime hours and during the morning period when dressing. During sleeping hours, staff is within listening distance in order to provide for the needs of children and respond to an emergency.

E. Staffing and Training

1. Personnel

a. The program shall maintain up-to-date job descriptions for all staff which include mandatory staff training participation as an aspect of career development.

b. Written personnel policies will be developed by the center under the auspices of funding agency which shall provide the following for all staff:

- job descriptions
- qualification requirements
- objective review of grievances and complaints
- a fair compensation plan which is comparable for the same type of work in the surrounding community
- a statement of employee benefits and responsibilities
- a complete check of all references
- a listing of the hours and location of duty
- staff insurance and bonding requirements

c. Methods of staff recruitment and selection must ensure equal opportunity to all persons who file an application and have it considered in a reasonable time.

d. The following staffing ratios shall apply with these specific age groups:

Children of Age:	Staff:
0 to 2 years	1 adult to 3 children
2 to 3 years	1 adult to 4 children
3 to 5 years	1 adult to 5 children
5 to 7 years	1 adult to 10 children
7 to 11 years	1 adult to 15 children

These ratios shall apply unless superceded by specific funding agency requirements for other than the above.

e. There shall be arrangements completed by the center to provide for consultation services as needed in the following fields:

- medical services
- dental services
- nutrition services
- special education services for handicapped children
- early childhood education, growth and development.

f. At least one person on the staff must be knowledgeable of the following fields and capable of training adult staff:

- early childhood education, growth, development and practices.
- first aid and home nursing.

g. The following requirements shall be met by the total staff of the day care program:

- all staff must be over the age of 16 years.
- all staff must meet the health requirements outlined in the section entitled "Employee Health."
- one person shall have the overall responsibility for the administration of the center.
- one person shall have the responsibility for the development and execution of the educational program of the center.
- all staff must be willing to learn and participate in training programs.

h. Staff shall work an eight-hour day with appropriate breaks away from the children.

i. The adult-child ratio must be maintained throughout the day. This ratio is based solely on the number of teachers and/or teacher aides in the classroom compared to the total number of children. Children shall not be left unattended for any reason.

2. Staff Training

a. Substitute teaching staff shall be available to allow staff to attend required training sessions.

b. Annual staff training shall be conducted in the following areas for all staff:

- health and nutrition concepts
- sanitation
- safety and disaster plans
- first aid and home nursing
- food storage
- fire drill procedures
- community coordination and organization
- volunteers shall be included in all training.

c. Monthly training shall be conducted in the following areas:

- program planning
- child and human development and growth
- self development and volunteer services interaction
- administrative training
- nutrition services.

d. A written plan shall be developed for staff training which includes a prospective calendar for all staff. This plan shall be updated annually and shall be on file for all staff. It shall also reflect a career development ladder for staff and on file prior to the opening of the center.

F. Administration

1. Program Operations

a. The center shall maintain the following types of records:

- Enrollment of children and educational progress.
- Employment of staff and their evaluations.
- Health records for children and staff.
- Financial records.
- Insurance and bonding.
- Vehicle registrations and proof of maintenance.
- Permission from parents for children for:
  - emergency treatment
  - trips
  - special medications
  - arrangements for picking up children from the center by other than parents
  - testing and picture release.
- Approval of architectural plans or renovation plans from a health agency in the community.
- Any funding agency required records.
- Records for any federal or state reimbursement program if enrolled.
- Records of volunteers' time, health status.
- Medical proof of any handicapping conditions of children enrolled in the center.
- An annual inventory of all equipment.

b. The center shall maintain the following written policies:

- A clear definition of the type of service being offered to the children and their parents.
- Provisions for meeting the special individualized needs of children.
- Hours of operation.
- Written admissions and enrollment procedures.
- A clearly outlined list of fees and a plan for payment which is given to parents and interested inquirers on demand.

- Regulations covering the belongings of children.

- Transportation arrangements.

c. All records regarding children, their parents, and employee information shall remain confidential and be treated accordingly.

d. The name, address, and telephone number or other emergency communication method of the person legally and administratively responsible for the center shall be known to the tribal law enforcement authority, the licensing authority and the parents of the children enrolled in the facility.

e. The day care operator shall notify parents of enrolled children and the licensing authority of any major changes in the services offered by the center.

f. The admission policies and procedures of a day care facility must be nondiscriminatory in regard to race, color, creed, religion, sex, national origin, or marital status or age of parents.

2. Records

a. Children enrolled in the center must have the following information maintained for them by the center operators:

- Enrollment forms including emergency information, any income information required by the funding agency, and parental permission for other people other than parents to pick up the child from the center.

- Immunization and health information required at enrollment.

- If the child has special needs, a record of the medical needs of the child, any specific nutritional or medical requirements affecting the center operators, and medical certification of the handicapping condition.

- Teacher's developmental appraisal on a regular basis of the child's classroom progress which shall serve as the criteria for the development of diagnostic teaching prescriptions.

- Regular inclusion of teacher observations of the child.

- Parent permission slips for transportation and excursions.

b. Children's records are treated as confidential information. Programs are to refer to the new Privacy Act.

3. Insurance and Bonding

a. The day care operator shall maintain the following types of insurance on the center itself, the children and all staff including volunteers:

- Liability protection.
- Collision where transportation is provided.
- Auto insurance on both the vehicle and all drivers.
- Medical insurance when transportation is provided.

b. The staff shall be covered by the following:

- Workman's compensation.
- Bonding of maximum coverage for all staff with a responsibility for the administration of money.
- Liability insurance.

c. The center facility and the center's owned and/or operated vehicles shall have fire, theft, and natural disaster insurance at a minimum.

d. Volunteers may be covered by workman's compensation laws. Please check with your state laws.

4. Financial Records

a. The center shall maintain a record of all income regardless of its derivation and a record of all expenditures.

b. The person(s) with the administrative responsibility for the allocation of funds shall be covered by bonding insurance.

c. Records shall be kept of all fees obtained from parents, and of their disbursement.

d. The financial accounting system of any funding agency shall be adapted for the center.

e. A list of vendors of record shall be maintained by the center operator which includes the types of supplies and equipment available.

f. The day care center operator shall have written policies covering the purchases of the organization, detailing the responsibility for such purchases and the maintenance of an inventory of the center's equipment.

g. The center operator shall maintain an annual budget which shall provide information on the following areas of itemization:

- Staff salaries and fringe benefits.
- Equipment purchase or rental.

- Insurance and bonding costs.
- Offices or space costs.
- Consumable supplies.
- Communications.
- Other direct costs.
- Travel for staff.
- Consultants.
- Training.

h. The child care operator shall maintain the following payroll records for all paid staff:

- Proof of the hours worked for compensation (time sheets).
- A stated salary which is agreed to by the employee.
- A withholding statement from the employee.
- An accurate record of each employee's annual leave, sick leave, and retirement credits.
- Authorizations for any non-tax related payrool deductions.
- Authorization of any changes in the amount of compensation.

i. The child care center shall have written policies which govern the accrual of sick leave, annual leave, retirement credits, education and maternity/paternity leave as well as leave without pay policy.

j. The child care operator shall have available proof of the organization's tax status from the Internal Revenue Service; their quarterly reporting forms for withholding taxes, and other information of their center's tax status with either the tribe or the state.

k. Time records shall be kept for all volunteer staff members which reflect the same information as for paid staff including a statement of the amount of hourly compensation work equivalents.

l. A written policy regarding fees paid to the center by the parents shall include collection procedures; any policy on exemptions which might be available, and a method of accountability to the parents.

III. Program Elements

A. Administration

1. Written policies covering all the operation areas must be available to parents and other parties inquiring of the center. They are to be understood by each caregiver in the center and in the program, and are discussed with the parents at the time of enrollment, in detail.

2. The licensing agency, tribal law enforcement officials, and the parents of the children enrolled in the facility are to be supplied with:

   a. The name, address, and telephone number of the person(s) having the legal responsibility for the facility.

   b. The name, address, and telephone number of those person(s) having specific authority and responsibility for the overall administration of the center and the quality of services offered.

3. The person(s) legally responsible for the operation of the center must show evidence of written notification to the parents and the licensing agency of significant changes, if they affect the services offered by the facility; and

   If a funding agency should require that significant changes are to be made in the operations of the services of the day care facility, this information must be made available to the parents within 30 days of the effective date of the changes.

4. Confidentiality of student records:

   a. The facility staff has release of information forms available, and the parent(s) have received written notification of the facility's policy regarding disclosure of information on their children.

   b. Any funding agency requirements affecting the disclosure of information must also include the notification of the parents of enrolled children of the policy and the reasons in which information can be released.

5. Admission procedures must provide the caregiver with sufficient information and instruction from the parent(s) to enable the caregiver to make decisions or act in behalf of the child.

   Prior to admission of a child, the caregiver obtains necessary information in writing from the child's parents. Records shall be maintained and updated as appropriate. Such records shall cover:

   a. The child's full legal name, birth date, current address, and his preferred name(s).

b. The name and address of the parent(s), legally responsible for the child.

c. Telephone numbers of instructions as to how the parent(s) may be reached during the hours the child is in the day care facility.

d. Names, addresses and telephone number of person(s) who can assume responsibility for the child if for some reason the parent(s) cannot be reached immediately, in an emergency.

e. Names and addresses of persons authorized to take the child from the day care facility.

f. Health information concerning the child, as required by the health and sanitation requirements.

6. The written admission policies of the child care facility must include a statement that the facility is operated on a nondiscriminatory basis, and the practice of this policy is demonstrated through according equal treatment in regard to race, color, creed, religion, sex, national origin, or marital status or age of parent(s).

7. Equipment and materials guidance:

a. The quantity of materials and equipment is sufficient to avoid excessive competition and long waits.

b. Materials and equipment are of sufficient quantity to provide for a variety of experiences and appeal to the individual interests of the children in care.

c. Protected areas are provided, free from traffic by children and adults, where equipment and materials can be used with minimal interference.

d. Materials are stored in an orderly way, are attractive and accessible to children, and are arranged so that children may select, remove, and replace them either independently or with assistance.

e. Furniture is durable and safe, and is child-size or appropriately adapted for children's use.

f. Nondurable, consumable equipment such as books, games, art materials, and other easily breakable or lost education or recreation equipment must be replaced as needed throughout the program's operation year.

8. a. At the time of enrollment and thereafter as the need arises, the caregiver discusses with each parent the child's habits, activities and schedules while at home and in school, and the parents' special concerns about his child's past and future behavior and development. The child's schedule and activities in care are designed, to the extent possible, to complement and supplement his experiences at home and in school.

b. Parents are encouraged to visit the facility, observe, and participate in the care of their children. The caregiver is responsible for contacting parents to exchange information concerning the child.

c. Caregivers' and operators' concerns about the health, development or behavior of any child are communicated to the parent promptly and directly.

d. Each child's cultural and ethnic background and primary language or dialect is respected by his caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child.

e. The school is notified by the child care operator or parent of the day care placement of a school-age child. Communication between school and caregivers takes place in emergencies and in other instances in which the child's total development can be enhanced by such communication.

B. Vehicles

The following constitute additional guidance for center operators who provide transportation as part of their child care program. This information is supplemental to the regulations for this area.

1. Children are protected by liability and collision and medical insurance.

2. The vehicle will be painted a distinctive color which is recognized as a school vehicle's color for that community.

3. A vehicle transporting children must be equipped with signals and outside lights, emergency flashers, and other safety devices, and lettering which indicates that children are onboard. If a tribe has regulations which cover the transportation of children, those regulations are to be enforced in all child care facilities transporting children as part of the daily program.

4. The vehicle must be properly maintained and inspected for mechanical functions in order to be safely operated.

C. Education

1. Whenever possible, there are arrangements made to bring in persons from the child's family or his cultural community to conduct activities with the children.

2. a. Program operation reflects an on-going process of parent-staff cooperation in development and modification of program goals.

b. Each child is recognized as an individual and his choice of activities, personal privacy, and background are respected.

c. The program includes first hand experiences for children to learn about the world in which they live; opportunities are provided for field trip visits to places of interest in the community.

d. Learning experiences regarding the value of food in relation to growth and development is provided for children as appropriate to their ages.

e. Opportunities are provided for individual self-expression in conversation, imaginative play, and creative expression along with opportunities for running, climbing and other vigorous physical activities.

f. The children's behavior is enhanced by positive guidance, re-direction, and the setting of clear-cut limits which foster the child's own ability to be self-disciplined.

g. There are opportunities for the child to participate in such activities as preparing for meals, taking out or putting away materials, caring for his own clothing, bedding, etc.

h. A variety of games, toys, books, crafts, and other activities and materials are provided to enhance the child's intellectual and social development and to broaden his life experiences.

D. Health

1. A written record of all immunizations for each child will be on file in the day care facility. This must be signed by a physician or a registered nurse of the Indian Health Service, or other health provider. If there is not a complete record, the day care operator shall refer the parent and the child to either the Indian Health Service or other health provider.

2. At least one caregiver shall present evidence of having completed training or shall be receiving training in observation of symptoms of illness. A certificate or other evidence from a Red Cross home nursing course, a community health agency, a local community college, an extension division of a university, a high school adult education program, a source of health, shall be evidence of satisfactory compliance, or

   a. Inservice training for the day care staff includes discussions of illness and symptoms observations and evaluation.

   b. A readily understandable chart describing first aid and emergency medical treatment techniques is conspicuously posted in each facility.

3. All day care programs shall have provisions for health care consultation from an appropriate community health resource to assist in the development of health policies, and to provide other services as needed in this area.

4. The operator of a day care facility or the administering agency for a network of facilities must have written evidence of an arrangement which has been made with a physician, nurse, or other health source for assistance and consultation as needed in such matters as accidents, symptoms of illness, staff member health policies and other health matters. The evidence of the arrangement must include the signature of the health source agreeing to participate in the review of health policies and practices of the facility or the administering agency, and to the availability of consultation in case of illness or accident.

   Written health policies are to be maintained and reviewed annually. These policies are to be available to parents and staff on request. If the funding agency has a particular requirement of health policies, that requirement will supersede this section.

5. Oral hygiene concepts will be part of the inservice training program for all staff. These concepts will be taught in the classroom.

   Arrangements must be made for dental care using existing dental community resources.

   If a funding agency maintains a more rigid series of dental education, hygiene and practice requirements, they will supersede this section.

6. The facility will have in writing the name, address, telephone number of a physician or other health resources which can be contacted in case of an emergency, and that of another adult if the parents' designation for emergency purposes, if the parent is unavailable.

7. The written health record for each child shall contain the following as minimum information:

   a. The written statement of the child's doctor or other health source obtained prior to enrollment to the program.

   b. Evidence of immunization appropriate to the child's age.

   c. Notes obtained from the parents on any special needs the child has or other health problems which the caregiver must be aware of in order to develop a plan for that child.

   d. Any other pertinent health information obtained from parents and/or health sources.

   e. The above required health information required by the funding agency on any forms that they shall demand utilized shall have precedence over this section.

8. Special policies regarding illness will be explained to parents at the time of enrollment. This will include written policies.

9. The staff member of the facility stays with the child in all emergency situations until the parent or his designee arrives and accepts the responsibility for the child.

10. When a child with special needs is enrolled in a day care facility, the day care facility director will consult with the parents, the child's source of professional health care, and/or other health consultants, or the Indian Health Service.

    a. The staff of the day care facility will receive instruction in the nature of the disability, the child's potential for growth and development, and his ability to be integrated into the center's programs. This should also include some instruction in working with the other children in the center to combat their superstitions on handicapping conditions.

    b. When the nature of the child's special needs requires added care or the number of children necessitates added staff, there shall be sufficient staff available and needed equipment to cover these needs.

    If the funding agency has specific guidelines which cover the needs of children with special needs, those guidelines shall be substituted for the preceding three sections of this section only if they are more stringent.

11. All child care centers will arrange for nutritional consultation from an appropriate community source.

    a. Information provided to the program by the parents on the child's eating habits, food preferences, or special needs should be incorporated into the daily child care feeding schedules and menus.

    b. Food is not to be used as a punishment or reward. Children are encouraged to eat, but not forced to eat.

E. Mental Health

1. Mental health concepts as an integral part of the total development of the child are in the child care program and in staff training.

    a. There must be evidence that the caregivers understand the importance of mental health and its relationship to the development of the total child by virtue of the quality of their interactions with the children and their enrollment in on-going training activities.

    b. There must be evidence of regular communication between the parents and child care facility staff.

c. Sources of mental health consultation must be available to the child care facility. Such an agreement must be in the files of the facility and a list of community health resources must be available to parents and staff on request or recommendation of the caregivers or health professionals.

d. Any funding agency requirements to implement a mental health plan for the child care facility must be more stringent than the Federal Inter-Agency Requirements. In such instances, those standards will supersede these.

2. The program conducted in the child care center will provide:

a. Experiences which promote the individual child's physical, emotional, social, and intellectual growth and well-being.

b. Both active and passive learning experiences which promote the development of skills, social competence, self-esteem, and a positive self-identity.

3. Program operation reflects an on-going process of parent/staff coperation in the development and modification of program goals.

4. Each child is recognized as an individual and his choice of activities, personal privacy, and background are respected.

5. Opportunities are provided for individual self-expression in conversation, imaginative play and creative expression along with opportunities for running, climbing and other vigorous physical activities.

6. The children's behavior is enhanced by positive guidance, re-direction, and the setting of clear-cut limits which foster the child's own ability to be self-disciplined. Caregivers do not use spanking or other forms of corporal punishment or any other technique which is humiliating, shaming, frightening, or otherwise damaging to the child. Punishment is not associated with food, rest, toilet training or other isolation for illness.

7. There are opportunities for the child to participate in such activities as preparing for meals, taking out or putting away materials, caring for his own clothing, bedding, etc.

8. Each child's cultural and ethnic background and primary language and/or dialect is respected by his caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child. Where appropriate, bilingual or bicultural programs are developed.

9. Program experiences with equipment and supplies must be relevant to the individual Indian communities and build on native child-rearing practices.

10. The facility's environment should reflect the predominant cultural background of the children.

11. There are opportunities for the child to explore friendships and quarrels with other children in the facility with a minimum of adult interaction.

F. Space and Storage

1. A child care facility must have sufficient indoor and outdoor space and equipment in relationship to the number and ages of children in care to accommodate the physical and other developmental needs of children served.

2. The following constitute minimal square footage requirements for children indoors and outdoors. These are exclusive of halls, bathrooms, kitchens, and storage areas: 35 square feet per child shall be the allowed minimum requirement indoors; 75 square feet per child shall be the allowed minimum requirement of outdoor play area.

3. The amount and variety of materials and equipment available, and its arrangement and use, must be appropriate to the developmental needs of the children by age group.

4. A child care facility must have sufficient space, appropriate furniture and equipment to provide for support functions necessary to the program, and to provide for the reasonable comfort and convenience of staff and parents. The following represent storage and work areas which must be available:

   a. Administrative office functions, record storage, meeting space for staff or for parent conferences offering privacy of conversation.

   b. Food preparation and serving.

   c. Custodial services.

   d. Laundry, if included in the program's operation.

   e. Rest area for staff relief periods.*

   f. Reserve or inactive storage of program materials.

   g. An isolation room for children with illness.

   h. A separate staff bathroom or lounge where privacy is obtainable through locking a door in a single toilet bathroom.*

*Optional in existing centers.

5. Locked storage space shall be available for:

   a. Medicines of all types.

   b. Custodial supplies.

   c. Laundry supplies.